



Sunset Crater Volcano National Monument Day Field Trip Program Registration Form

928-526-0502
FAX 928-714-0565

Date Sent: _____

<p><i>Teacher Information</i></p> <p>Your name: _____</p> <p>Work Phone: _____</p> <p>Home Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>(Teachers are sometimes difficult to reach by phone. By providing your email address we can accommodate you better)</p>	<p><i>School Information</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Grade _____</p> <p>Number of Students: _____</p> <p>Number of Chaperones: _____</p> <p>(1 chaperone to 3 students allowed for grades K-8) (1 chaperone to 5 students allowed for high school)</p>								
<p><i>Program</i></p> <p>➤ Orientation Resource Talk: _____ (10 -15 minutes)</p> <p>➤ Earthquake Talk: _____ (20-30 minutes)</p> <p>➤ Lava Flow Talk: _____ (30-60 minutes)</p> <p>➤ Other: _____ (please specify)</p>	<table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Program Date</i></th> <th style="text-align: left;"><i>Time</i></th> </tr> <tr> <td>1st Choice: _____</td> <td>_____</td> </tr> <tr> <td>2nd Choice: _____</td> <td>_____</td> </tr> <tr> <td>3rd Choice: _____</td> <td>_____</td> </tr> </table>	<i>Program Date</i>	<i>Time</i>	1 st Choice: _____	_____	2 nd Choice: _____	_____	3 rd Choice: _____	_____
<i>Program Date</i>	<i>Time</i>								
1 st Choice: _____	_____								
2 nd Choice: _____	_____								
3 rd Choice: _____	_____								

Comments: _____

Date received: _____

Return this form to:
Sunset Crater Volcano National Monument
Rt.3 Box 149
Flagstaff, AZ 86004
FAX 928-714-0565